

**RONALD FANTOZZI**

**12 OF 18**

P224028 MS MR 221342  
 12/1/98 BROWN, FREY L  
 12/1/98, RONALD  
 4 POLAND RD  
 ALBANY, NY 12208  
 518-103-01 ME 04210  
 518-103-01 207-7823873  
 H219

EXAM: Catheter

In/Welling/Size

Date Inserted

Intermittent/How often?

Suprapubic

Problem/

Dialysis

No

Yes Yrs/Mos.

Hemo #Times per Week

Peritoneal Exchange Pattern

Solution Strength

Graft Site Location:

Thrill

Bruit

Site Condition

Dialysis Catheter

No

Present

Present

Edematous

Yes

Absent

Absent

Erythematous

Site

Discolored

No Abnormalities

Comments:

Signature

## Reproductive / Sexuality

HISTORY:

Negative Hx:

STD

Pain

Breast CA

PID

Discharge

Other

Menstrual Irregularities

Cysts/Tumors

Explain:

LMP

Mastectomy

Pregnant

Yes

No

N/A

Para

Right

Gravida

Left

Last Pap Smear

Bilateral

Self Breast/Testicular Exam

Yes

No

Comments:

Signature

## Integumentary

HISTORY:

Negative Hx:

Psoriasis

Eczema

Pruritis

Wounds

Lesions

Cancer

Other

Explain:

EXAM:

Color

Turgor

Temperature

Moisture

✓ Pink

✓ Good

✓ Warm

Dry

✓ Pale

Fair

Hot

Moist

Flushed

Poor

Cool

Diaphoretic

Ashen

Jaundiced

Signature

Page 4

500685.011.0301

## SKIN IMPAIRMENTS:

Identify with Appropriate Letter



Front



Back

C=Contusion  
 D=Decubitus  
 R=Rash  
 L=Laceration  
 E=Ecchymosis  
 S=Scar  
 P=Petechieae  
 B=Burn  
 O=Other

Problem/

Comments/Current Treatments:

Signature

## Neurological

## HISTORY:

Negative Hx:

Headaches	Numbness	HOH	Diplopia
<input checked="" type="checkbox"/> Vertigo	Tingling	Tinnitus	Glaucoma
Syncope	Behavioral Changes	Herniated Discs	Cataracts
TIA	Seizures	Multiple Sclerosis	Other

Explain:

Problem/

Vision Last Checked

☐ No Visual Impairment  
☐ Artificial Eye (L) (R)  
☐ Legally Blind (L) (R)  
☐ Totally Blind (L) (R)

Signature

## Fall Assessment

## HISTORY:

☒ Negative Hx:

Gait Unsteady	Uses Walker, Cane, Prosthetic
Diseases/Weight Bearing Joints	Confused at Night/Disorientation
Pain Medication	Diuretics/Urinary Frequency
	Generalized Weakness/dizziness/vertigo

Comments

Problem/

A "Y" will trigger a safety alert

Signature

Signatures		
Name	Discipline	Date

Page 3



St. Mary's Regional Medical Center

Nursing Documentation Form  
Assessment • Intervention • Evaluation

Date: 8/17.

NAME: FREY, L  
 ID: 04210  
 210-121-1111  
 210-121-1111

Shift Times:

7-3

3-11

11A/9-07

Assessment/Observations	Psych/Social			Not Anxious
	Cardiovascular			M. 75-88 reg
	Respiratory			Lungs clear
	Gastrointestinal			BS+ intermittent nausea - N/V
	Genitourinary			Foley drainage patent
	Integumentary			Pink w/ dry
	Musculoskeletal			WOUND
	Neurovascular			+PPR / 10 L/min
	Neurological			A/O
	Pain			Interst → severe pain MS 5MPX 2
				Little relief - 4 severe 75MPX 4
Teaching: See Progress Notes Or Teaching Flow Sheet				
Procedure	O <sub>2</sub>			R/A
	Section			
	Cough & Deep Breathe			Enc.
	Incentive Spirometer			
	Dressing			
	Anti-Embolitic Device			
	Dx Test/Special Procedure			Specimen
	Spec Sent to Lab			
	IV Therapy			DDNSP 200/41
	I-Med			✓
	Checks (rounds)			5/16 Hawkins

See Progress Notes

11.0023

500685.011.0304

100

100-44210

62-97A 207-7923873

11-7

**Shift Times:**

## Intake and Output Log

Intake					Output					
Total 0600h - 0600h					Total 0600h - 0600h					
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

## St. Mary's Regional Medical Center

Nursing Documentation Form  
Assessment • Intervention • EvaluationDate: 8/19/07

2029508 MS MR 221342  
 117/44 BROOKS, JEFFREY L  
 FANTOZZI, RONALD M  
 47 POLAND RD  
 ALBORN  
 1351 ME 04210  
 218103-01 162 M/M 207-7823873  
 H219

Shift Times: 7-3

	7-3	3-11	11-7-07
Assessment/Observations	Psych/Social	pleasant/cooperative	no mental w/ stable
	Cardiovascular	VSS - see graphic sheet	lung clear
	Respiratory	is clear, no resp distress noted	soft distal good BS, no/c
	Gastrointestinal	ET x 4 quad, no sal or distal	yellow clear supine
	Genitourinary	Foley cath draining, no amount of clear yellow urine	W/C
	Integumentary	skin warm/dry	N/A well
	Musculoskeletal	is able to move, ambulates with gait steady	see
	Neurovascular	ET/Endotracheal hold to extremities	A - O
	Neurological	Alert & oriented pupils reactive to light	see note
	Pain	As per nurse notes	
Teaching: See Progress Notes Or Teaching Flow Sheet			
Procedures	O <sub>2</sub>	RA	RA
	Suction	N/A	—
	Cough & Deep Breathe	encouraged	encouraged
	Incentive Spirometer	N/A	—
	Dressing	N/A	—
	Anti-Embolism Device	N/A	—
	Dx Test/Special Procedure	Dr. Brown into self	—
	Spec Sent to Lab	N/A	—
	IV Therapy	DMS @ 2L	7/5 2007
	I-Med	MS	
Checks (rounds)	1/2 + N/A		

\* See Progress Notes

Date: 8/28/01

MR. 221342  
 JEFFREY L.  
 RONALD M.  
 AND RD  
 PE 64210  
 7023873  
 01 0219

Shift Times:

		7-3	3-11	11-7	
HYGIENE	Bath			refused	
	Special Mouth Care	12/28/01			
	Foley Care/Peri Care				
NUTRITION	Appetite	12/28/01		cl by 12/28/01	
	Tube Feeding/Supplements				
ELIMINATION	Stools				
	Hematest Procedures				
	Enema				
	Catheter Str/Foley	12/28/01		clean patent	
	Strain Urine	in urine stained			
	Incontinent				
	Ostomy Care				
	NG/Gtube				
	Other				
ACTIVITY	Bedrest/Reposition			self	
	Ambulate	12/28/01			
	Up In Chair				
	ROM By Nursing				
	Sleep	on naps		12/28/01	
	Friends/Family	family in		12/28/01	
SAFETY	Siderails/Call Bell	12/28/01		12/28/01	
	Restraints: Type/Checks				
	Transport	via w/c			
Signature/Initials		Signature	Init.	Signature	Init.

## Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other		Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				



St. Mary's Regional Medical Center

Nursing Documentation Form  
Assessment • Intervention • Evaluation

Date: 8/19/98

 221342  
 JEFFREY L  
 RONALD M  
 RE  
 64210  
 207-7823873  
 219193-01 H219

Shift Times:

07-19

7-3

3-11

11-7 19-07

Assessment/Observations	Psych/Social	alert, cooperative		cooperative
	Cardiovascular	139/46 + 8" x 6 postop		v/s stable
	Respiratory	lung clear 1'd 8"		lung clear + 2
	Gastrointestinal	soft distended + 4		semi-soft distended + 4
	Genitourinary	notes fully out in OR		see notes
	Integumentary	Wm + dry		wt d gms
	Musculoskeletal	HA E pedal +		MA E
	Neurovascular	adequate		adeq
	Neurological	ATO x 3		ATO
	Pain	notes		notes

Teaching: See Progress Notes Or Teaching Flow Sheet

Procedures	O <sub>2</sub>	R/A		RA & SAs
	Suction			
	Cough & Deep Breathe			encourage
	Incentive Spirometer			
	Dressing	Stent in place		stent taped to groin
	Anti-Embollic Device			ted
	Dx Test/Special Procedure	OR		
	Spec Sent to Lab			
	IV Therapy	D5 NS 20cc/hr		1715 out
	I-Med	yes		yes
	Chests (ounds)	9" + prn		9" + prn
		stent in place		stent in place

 See Progress Notes  
 01 1998

500685.011.0308

Date: 8/14/98

22134

FIREY L

L. F. ALO N

D. H.

04210

Shift Times:

07-19

11/11/97 11/11/97 11/11/97

11/11/97 11/11/97 11/11/97

Shift Times:		07-19	3-H	11/11/97	11/11/97	11/11/97	
HYGIENE	Bath	assist				refused care	
	Special Mouth Care	yes					
	Foley Care/Peri Care	✓					
NUTRITION	Appetite	no	crackers			yes	
	Tube Feeding/Supplements						
ELIMINATION	Stools	p					
	Hematest Procedures						
	Enema						
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other						
	ACTIVITY	Bedrest/Reposition	✓	✓	✓		yes
Ambulate						difficult one	
Up In Chair							
ROM By Nursing							
Sleep			between pain meds			yes	
Friends/Family			visitors in				
SAFETY	Siderails/Call Bell		rails 1/2 T; bell in reach			no	
	Restraints: Type/Checks						
	Transport		stretcher				
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
		Stephanie Brown	SB				

## Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

500685.011.0309

## St. Mary's Regional Medical Center

Nursing Documentation Form  
Assessment • Intervention • EvaluationDate: 8/20/98
 225022 RS NR 221542  
 212222 BROWN, JEFFREY L  
 210721, RONALD M  
 211111 RU  
 211111 RL 04210  
 211111 M/M 207-7823873  
 211111-01 H219

Shift Times:

Shift Times:		7-3	3-11	11-7
Assessment/Observations	Psych/Social	Alert - pleasant		
	Cardiovascular	VS stable		
	Respiratory	LSC - VS OB Lungs - roughing blood tinged sputum		
	Gastrointestinal	BSC Abd soft no tenderness Denies nausea, diarrhea		
	Genitourinary	voiding		
	Integumentary	W+D		
	Musculoskeletal	MAE		
	Neurovascular	POD pedal edema		
	Neurological	A+O		
	Pain	0/10 flank pain extending to mid back and to groin med c Demerol 75mg IV		
	Teaching: See Progress Notes Or Teaching Flow Sheet			
Procedures	O <sub>2</sub>	—		
	Suction	—		
	Cough & Deep Breathe	enc		
	Incentive Spirometer	—		
	Dressing	—		
	Anti-Embotic Device	Encs		
	Dx Test/Special Procedure	—		
	Spec Sent to Lab	labs		
	IV Therapy	INS @ 200 cc/hr		
	I-Med	✓		
	Checks (rounds)	91°		

 \* See Progress Notes  
 at 0700

500685.011.0310

Date:

8/20/96

221342  
 JEFFREY L  
 00210  
 207-1823673  
 219

Shift Times:

		7-3	3-11	11-7			
HYGIENE	Bath	assist					
	Special Mouth Care	assist					
	Foley Care/Peri Care	assist					
NUTRITION	Appetite	dislikes					
	Tube Feeding/Supplements						
ELIMINATION	Stools	diarrhea x1					
	Hematest Procedures	---					
	Enema	---					
	Catheter Str/Foley	---					
	Strain Urine	✓					
	Incontinent	---					
	Ostomy Care	---					
	NG/Gtube	---					
	Other	---					
ACTIVITY	Bedrest/Reposition	self					
	Ambulate	self					
	Up In Chair	self					
	ROM By Nursing	---					
	Sleep	naps					
	Friends/Family	wife in					
SAFETY	Sidrails/Call Bell	2 str / bell in reach					
	Restraints: Type/Checks	---					
	Transport	---					
Signature/Initials		Signature B. Berman	Init. LB	Signature	Init.	Signature	Init.

## Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

500685.011.0311

**St. Mary's Regional Medical Center**  
**Patient Progress Notes**

[illegible]

**ID Code For Clinical Services:**

<b>NS-Nursing Service</b>	<b>R-Radiology</b>	<b>CS-Cardiology Services</b>
<b>DS-Dietary Service</b>	<b>RC-Respiratory Care</b>	<b>RT-Recreation Therapy</b>
<b>PC-Pastoral Care</b>	<b>ED-Pt. Educator</b>	<b>OT-Occupational Therapy</b>
<b>SW-Social Work</b>	<b>PH-Pharmacy</b>	<b>PT-Physical Therapy</b>
<b>CM-Case Mgmt</b>		<b>ST-Speech Therapy</b>

ID Key	Date	Time	Notes	Signature and Title
NS	8/17	1945-07	<p>24 yr old w/m. admitted to C/o Severe RLQ pain rad. to R flank → L groin. Foley patent &amp; draining dark clear yellow urine. W/O of ASK'S OT 200/41 - Size clear. w/ inflam. aphrulae. Ins. 5mg IV. event 2 &amp; very little relief. - Dr. J. Brown notified - Demerol 75mg IV given - emed. relief x4 - Lump clear.</p> <p>Bis+. Pt has h/o of chronic disease - no severe nausea intermittently - Taking clear lig's aphrulae.</p>	760000
NS	8/18	17/9	<p>General - Alert &amp; oriented. (Solid, &amp; F&amp;T, U&amp;D). 11/16 pain to @ flank &amp; RLQ. Medicated pt &amp; Demerol 75mg @ 0715, 1000, 1300, 1600 &amp; moderate relief. Pt also h/o nausea and asked to vomit x2 3m. Amounts of dark yellow frothy contents - (30+40cc). Medicated pt &amp; Thera-ges 25mg @ 0715 and 1100 &amp; relief. Demerol 75mg 25mg continuous set up @ 1300. Dr. Brown into script and pt to 33.3mg. Pt states relief &amp; a bit pain in flank &amp; groin area. Pt tolerating clear voiding at this time. Foley draining moderate amount of clear yellow urine - sediments. No blood sediments observed. Dr. Martin into script. Scheduled pt for a cystoscopy &amp; retrograde pyelogram in the am. Pt signed consent for treatment and during questioning procedure @ the time. Plan - Continue to monitor. Medicate as ordered &amp; PRN for nausea. All 7 min. Urine &amp; ACS for 24 hours. - 760000</p>	760000

**St. Mary's Regional Medical Center**  
**Patient Progress Notes**

**ID Code For Clinical Services:**

**NS-Nursing Service****DS-Dietary Service**

**PC-Pastoral Care**

**SW-Social Work**

## CM-Case Mgmt

## R-Radiology

## RC-Respiratory Care

**ED-Pt. Educator**

**PH-Pharmacy**

**CS - Cardiology Services!**

### RT-Recreation Therapy

**OT-Occupational Therapy**

**PT-Physical Therapy**

## ST-Speech Therapy

221342  
JERREY L  
REYNOLD M  
RD  
RD 64210  
207-7823873  
21103-01 4219

ID Key	Date	Time	Notes	Signature and Title
Pc	8/19	0715	General - IVL to Alarm noted to be redressed. P.C.O. observed at this time. IVL d/c'd. New IV # 18 later started to pt Biarmen the 3rd Attempt by Diane Regal. IV D5NS 1 @ 200 infusing & difficult. Will continue to monitor glaucoma.	
NS	8/19	1407	#1 cont. to R flank & R Q + S - dem PCA not effective - Mr J. Brown called at 2030 - 2100 - claimed PCA q/c - dem 75 mg IV as previous ordered - 2 preference med at 600 - (240) - 03. Gl. relief had used 103mg Demerol remained med relieved & 2' l/b - glaucoma remain near normal med as ordered. I/O, IV as ordered. (12)	
NS	8/19	07-450	Comfort - C/o sharp R flank pain radiating into RLQ + D groin A: Demerol 75 IV given at 0900 ± C/O at 1000. Phenergan 25 mg IV given 0910 P: state good relief for 2 1/2 hours L: Conf. to assess med + effects Dem Foley bag clear urine, attained & alone seen. WV maint: 200 cc/hr	J. Brown
		1015	To OR via stretcher	L. Brown
NS	8/19	1300	Returned from OR; awake + alert. Taking lig. + cramps See frag v/s start for g.i. v/s. WV maint: 200 cc/hr Hart string intact to Urethra; C/O same pain as pre-op R flank, Abt + D groin A: Demerol 75 mg IV given 1215	

**St. Mary's Regional Medical Center**  
**Patient Progress Notes**

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NS-Nursing Service

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RC-Respiratory Care

RT-Recreation Therapy

PC-Pastoral Care

ED-Pt. Educator

OT-Occupational Therapy

SW-Social Work

PH-Pharmacy

PT-Physical Therapy

CM-Case Mgmt

ST-Speech Therapy

2902P 221542  
 JEFFREY L  
 RONALD M  
 HOLLAND RD  
 04210  
 707-3823873  
 0107-01 N219

ID Key	Date	Time	Notes	Signature and Title
NS	8/19	14:19	Voiding 200-350 cc onto pale peach urine — const- c/o r pain sharp in same areas; Demerol 75 + Phenergan 25 IV given 1645 + only had relief x 1 1/2"; called Dr. A. Brown in order for Toradol 160mg IV given 1910; P: monitor effects Urin- Urine lt. red by end of shift, still in good amt; Dr. Maillet in + aware of pain + blood in urine	S. Bruneau
NS	8/19 8/20	14:07	#1 cont to c/o r pain — sharp pain — @ plant + @ @ state pain has new on @ that the was — pain to groin need to demerol 15 mg at 2015 — repeat at 2200 — in @ state needs few minutes for pain to work — abd distended semi firm Dr. A. Brown called — results of blood tests 02 unable to void — for 800 cc of residual urine — 05 need for more demerol	S. Bruneau

140070

500685.011.0314



**St. Mary's Regional Medical Center**  
**Patient Progress Notes**

**ID Code For Clinical Services:**

**NS-Nursing Service****DS-Dietary Service**

**PC-Pastoral Care**

**SW-Social Work**

## CM-Case Mgmt

## R-Radiology

## RC-Respiratory Care

**ED-Pt. Educator**

**PH-Pharmacy**

**CS - Cardiology Services**

### RT-Recreation Therapy

**OT-Occupational Therapy**

**PT-Physical Therapy**

## ST-Speech Therapy

122902Z MS MR 221342  
 122902Z DROWN JEFFREY L  
 122902Z RONALD M  
 122902Z RD  
 122902Z MI 04210  
 122902Z 007 007-0020073  
 122902Z-01 H219

ID Key	Date	Time	Notes	Signature and Title
NS	8/20	07:30	states at this time under C. mb 2 & deep in SAB noted - plug med 07 cont - 8 order, urinary cath 950m red dist to ab red at end of cath	
NS	8/20	07:19	pt: oriented. Lung sounds clear and diminished in bases. SAB noted. Productive cough noted. Pt raising whitish-bloody tinged sputum. BSO. Abd soft and nontender. Diarrhea x1. Denies further cramping. Voiding. C/o B/lank pain radiating to R mid back and L groin. Medicated c Demerol 75mg IV q 3°. Also c/o pain under R ribs cage occasionally c deep inhalation. PRD. Edema. TAMB to BR. IV infusing D5NS @ 200cc/hr. Will cont to monitor. JH Bessinger	
NP	8/20	1900	up in hallway gait steady. Patient insisting he wants to go home. voiding clear. Op! Stated "I'll be better home". 1945 Dr Boulanger made aware w/ order for discharge. Home reqs to continue the clarified c Dr Boulanger. discharge instruction given 2051 discharge per wheelchair accompanied by sister-in-law. & CNA. ————	



**St. Mary's Regional Medical Center  
Procedure Record**

8037646 02 NR 221342  
ACN 2/09/98  
FANTOZZI, RONALD H  
40 POLAND RD  
AUBURN ME 04210  
218103-01 H219

Date: 2-9-98 Time: 0730

1.0 762 7623873

Physician: Monzel

Chief Complaint/ Dx: abdo. liver function

**Pertinent Physical Findings:**

**Pre Procedure Evaluation:**

Dictated Note: ☒

Procedure:

Findings:

*Needle Biopsy of the liver*

*2 cm core of liver tissue obtained  
at 9 to 11 o'clock*

*Position unaffected by alcohol*

Plan of Care:

*- To be observed until 1500 and good  
discharge*

*APD will monitor vital signs*

*best result in*

*Dr. Monzel will see*

Physician's Signature

**St. Mary's Regional Medical Center** 44 30 NR 221342  
**Consent/Assignment/Authorization Statement** 09/98

**Consent for Treatment**

Admission Date: 2-5-98

FINTC221. RONALD H

I, the undersigned a patient in this St. Mary's Regional Medical Center ("SMRMC") hereby authorize employees of SMRMC and physician(s) (and whomever they may designate as assistants) to administer such treatment as is necessary for each additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above treatment or Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

**Authorization To Release Medical Information**

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Healthsource insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of hospital utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable, under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

**Assignment Of Benefits**

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Healthsource Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

**Payment Terms**

I understand payment of charges are due for services rendered within Thirty (30) days including any collection or attorney's fees. If I am financially unable to do so, I agree to complete a detailed financial statement so alternative payment arrangements can be determined. I agree to pay all charges for services not authorized for payment by any Health Maintenance Organization, Preferred Provider Organization or other Managed Care Organization for which I seek certification for treatment by St. Mary's.

**Release From Responsibility For Personal Property**

I understand and agree that under no circumstances will St. Mary's Regional Medical Center be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

**Authorization For Payment Of Medical Benefits**

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request that payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

**An Important Message From Medicare/Champus**

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

**I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:**

X Paul J. Jones 2/9/98 740  
 Patient Signature: Date Time

Debra L. Lister 2/9/98  
 Guarantor Signature Date Relationship

Debra L. Lister 2/9/98  
 Witness Signature Date

Telephone Consent Received By: Date: Time: 40209

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

Name: FANTOZZI, RONALD M.  
Pl. Phone: 782-3873  
DOB: [REDACTED] 762  
PHY(S): MICHAEL MONZEL, M.D.  
PHY(S):  
Hosp #: 8037646  
MR #: 22-13-42  
X-RAY #: 08-99-89  
Service Date: 02/09/98  
NS/Room: OD

**ULTRASOUND GUIDED NEEDLE BIOPSY 76942**

Indication for Study: Liver biopsy

**FINDINGS:** The ultrasound technologist marked the ultrasound proper position for liver biopsy to be done by Dr. Monzel.

**MARK EULE, M.D./reb**

**D: 02/09/98 T: 02/09/98**

MICHAEL MONZEL, M.D.  
X-RAY BACK OFFICE  
X-RAY FRONT OFFICE  
PHYSICIAN BILLING  
RAD

(P)  
(Q)  
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(Q)  
(Q)

**St Mary's Regional Medical Center**  
**Department of Pathology**

**Final Pathology Report**

Patient Name	Fantozzi, Ronald	Surgical #:	S-98-0460
Date of Birth:	██████/62	Date Recieved:	02/09/98
Account Nbr:	8037646	Date Reported:	02/12/98
Location:	OPD	Document ID:	2565A7005017DA
Physician:	Monzel	Copies To:	


**Specimens:**  
Liver biopsy

**Gross Examination:**  
Consists of 4-9 mm light tan segments of soft tissue.

**Microscopic Examination:**  
Consists of sections of liver which show a variable pattern. Most areas of the specimen appear relatively unremarkable. A few areas show some mild increase in chronic inflammatory cells within the portal areas and some minimal fibrosis. A few areas of slight unevenness of the limiting plate is noted, but no significant areas of piecemeal necrosis are seen. No cholestasis is present and no fatty change is seen and no areas of atypia are noted. Bile ducts are somewhat difficult to find within the biopsy, but some of the portal areas do contain associated bile ducts. No granulomas are seen. An iron stain was performed and shows no evidence of an increase in iron. The changes are mild, focal and nonspecific in appearance.

**Diagnosis:**  
Focal mild nonspecific portal triaditis, needle biopsy of liver.

**Codes:**

  
\_\_\_\_\_  
Dr. David J. Gallick, M.D., Pathologist

S-98-0480 Fantozzi, Ronald

02/12/98 12:44:55 PM

Page: 1

500685.011.0319

St. Mary's Regional Medical Center

## Multidisciplinary Assessment

Date 2-9-98 Physician Marszal Referring Physician Dr. Boulange 7823873  
 Diag./Chief Comp. 1st Biopsy -  
 Allergies: NKA ☒ Latex ☒ Food ☒  
 Environmental                      Drugs/Reaction:                     

Current Medications: Name, Dosage:

Last Dose:

None

## Past History:

Y/N Alcohol occ. Beer drink Y/N Fainting spells/syncope                       
 Y/N Anemia                      Y/N Heart disease                       
 Y/N Arthritis                      Y/N Heart murmur                       
 Y/N Back problems                      Y/N Hepatitis/jaundice                       
 Y/N Blood thinners                      Y/N Hypo/ Hypertension                       
 Y/N Bleeding problems                      Y/N Kidney/bladder disease                       
 Y/N Bowel disease Chronic Disease Y/N Liver disease                       
 Y/N Cancer                      Y/N Lung disease                       
 Y/N Chemo/Radiation therapy                      Y/N Smoker ppd/ Cough                       
 Y/N Cortisone/Steroid use                      Y/N Neurological disease                       
 Y/N CVA/stroke                      Y/N Pregnant                      LMP                       
 Y/N Drug Use                      Y/N Thyroid disease                       
 Y/N Diabetes                      Y/N TB exposure                       
 Y/N Epilepsy/Seizures                      Y/N Ulcer disease                       
 Y/N Emotional disorder                      Y/N Other                       
 Y/N Gallbladder disease                     

Past Surgery: Colon removal, gall bladder removal 10 yrs agoPre-admission assessment signature: J. Carlson, R

Mental status	Skin condition	Mobility	Prosthesis
<input checked="" type="checkbox"/> Alert	<u>Pink</u>	<input checked="" type="checkbox"/> Ambulatory	Dentures
<input type="checkbox"/> Oriented		Assisted amb.	Glasses
<input type="checkbox"/> Confused		Wheelchair	Hearing Aide
		Stretcher	Walker/Cane
Prep	NPO since	Pre procedure teaching done	
Home	<u>ppd</u>	Person to notify at discharge	
Hospital			
Enemas		Telephone #	

Time 7:15 A T 36.7 P 88 R 20 Bp 124/60 Ht                      Wt 156 lbsAdmission assessment signature: Suzanne Carlson, RBreath sounds: Rt                      Lt                      Not auscultated                     Heart sounds:                      Not auscultated                     Abdomen:                      Not palpated                     Comments:                     Reviewed by Physician:

ST. MARY'S REGIONAL MEDICAL CENTER, LEWISTON, ME 04240 (207)777-8400  
David Galis M.D., Director, Department of Pathology

NAME: FANTOZZI, RONALD M ACCOUNT NUMBER: 8037346  
ADDRESS: 40 POLAND RD DUBUQUE APR-62 AGE: 035 Y SEX: M  
CITY/STATE: AUBURN , ME 04210 PHYSICIAN: MONZEL, MICHAEL J  
LOCATION: PHONE: 2077823873 COPY TO:  
PATIENT TYPE: C ADD'L COPY:

SPECIMEN ID#: 27447 REPORT DATE/TIME: 07-FEB-98 13:00  
SPECIMEN DATE: 09-FEB-98 \* = NEW RESULTS  
SPECIMEN TIME: 0745

===== TEST ===== RESULT ===== NORMAL RANGE =====

\*\*\* HEMATOLOGY/COAGULATION \*\*\*

	PROTHROMBIN TIME	11.7*	11.0-13.3 SEC
Ld	JNR	0.22*	2.0-3.5
	APTT	29.5*	23.5-33.9 SEC

FANTOZZI, RONALD M

ACCT# 8037346

07-FEB-98 13:00  
Page 1

500685.011.0321

# ST. MARY'S REGIONAL MEDICAL CENTER

Lewiston, ME 04240

8037646

OP

22-13-42

FANTOZZI, RONALD M

DOB: 01/10/62

## PROCEDURE NOTE

INPATIENT \_\_\_\_\_ OUTPATIENT XX DATE: 02/09/98

PHYSICIAN: MICHAEL MONZEL, M.D.

PROCEDURE: Outpatient liver biopsy.

**INDICATIONS:** This 35-year-old male has a longstanding history of Crohn's disease which is currently quiescent. He is on no chronic medications. He is known to have Hepatitis C antibody positivity for the past five years. He has had persistent increased liver function tests, decreasing chronic fatigue over the past several months to one year. The patient was screened for liver disease and has been negative. The patient has otherwise been in good general health. He does not use regular alcohol.

**ALLERGIES:** No known drug allergies.

**PHYSICAL EXAMINATION:** Alert, oriented, well nourished. Blood pressure 124/70. Pulse 84. Respiratory rate 20. **LUNGS:** Clear. **HEART:** No murmur. **ABDOMEN:** Soft. Liver down to the right costal margin, mildly tender, no mass.

**ANESTHESIA:** 1% Xylocaine. Versed 4.0 IV.

**PROCEDURE & FINDINGS:** The patient was placed in the supine position. The ultrasound was used to identify a place that corresponded to the midportion of the liver at the 9th intercostal space. At exploration, this led into an area in the liver itself. The area was prepped with Betadine 1% Xylocaine. 8 cc were used to infiltrate the cutaneous tissue and down to the intercostal space. A half a centimeter scalpel incision was made. A 1.6 mm needle four liver biopsy was then inserted into the space and with the patient at expiration, the needle was inserted into the liver tissue obtaining a 2.0 cm core of liver tissue.

## IMPRESSIONS;

1. Status post needle biopsy of liver to assess for chronic hepatitis with Hepatitis C positivity.
2. History of Crohn's disease.

  
MICHAEL MONZEL, M.D.

D: 02/09/98 MM

T: 02/09/98 rlj

cc: MICHAEL MONZEL, M.D.  
MICHAEL BOULANGER, M.D.  
DPPT2

(P)

(P)

(P)

500685.011.0322

3037616 3D NR 221342  
ADM 2/09/98  
FANTOZZI, RONALD H  
40 POLAND RD  
AUBURN ME 04210  
218103-01 H219

762 7823873

St. Mary's Regional Medical Center  
Permission For Special Procedures - Outpatient

I authorize the performance of a Liver Biopsy procedure on

Ronald Fantozzi performed by or under the direction of Dr. Monzel  
(Name) (Name of Physician)

The nature and purpose of the procedure, possible alternative methods of treatment, the risks involved, the possible consequences and the possibility of complications have been explained to me by Dr. Monzel  
(Name of Physician)

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

Date: 2/9/98

Time: 0740

Symonson, R  
(Witness)

Ronald Fantozzi  
(Signature of patient or guardian or medical power of attorney)

I certify that the nature and purpose of the procedure, including the possibility of complications have been explained to the patient.

Monzel  
(Signature of physician)

BR/OUTPATIENTFORMS.FMS

500685.011.0323



# St. Mary's Regional Medical Center Endoscopy Flow Sheet

Date 2-10-98 Procedure Liver Bx  
 Diagnosis apc's Physician Thomson  
 Allergies Penicillin  
 I.V. Therapy Coln Needle 25 gauge  
 Site left hand Time 0830 Rate 50  
 Attempts 1 Signature [Signature]

1037440 00 221342  
 ADH 2/09/98  
 FANIOZZI, RONALD M  
 40 POLAND RD  
 AUBURN HE 04210  
 218103-01 H219

1037440 00 221342  
 ADH 2/09/98  
 FANIOZZI, RONALD M  
 40 POLAND RD  
 AUBURN HE 04210  
 218103-01 H219

Time arrived in procedure room 0930

☒ Cardiac Monitor

☒ Pt. identified by arm band

☒ Oximeter

☒ Verbal verification of procedure with patient

☒ NIBP

☒ Stretcher locked / Side rails up

☒ Consent signed

Scope 12/9 Start Time 0930

Int.	Signature	Int.	Signature
<input checked="" type="checkbox"/>	[Signature]	<input checked="" type="checkbox"/>	[Signature]
<input checked="" type="checkbox"/>	[Signature]	<input checked="" type="checkbox"/>	[Signature]

Time	Medications	Dosage	O <sub>2</sub> Sat	Patient Response	Int
0938	Verbal	100%	97%	ultrasound into mark	[Signature]
0940	Verbal	100%	97%	liver biopsy site	[Signature]
0943	Verbal	100%	96%	liver biopsy site	[Signature]
0945	Verbal	100%	97%	liver biopsy site	[Signature]
0948	100% by [Signature]			pt. full well	[Signature]
	USV applied to procedure			pt. placed in lateral	[Signature]

## Assessment

Time	B/P	P	R	O <sub>2</sub> Sat	Cardiac Rhythm	Comments
0930	120/75	70	16	99	ASR	alive, awake deep peak
0940	120/75	81	16	97	ASR	Relaxing
0945	120/73	81	16	97	ASR	
0957	121/53	77	16	96	ASR	

☐ O<sub>2</sub> Start Time \_\_\_\_\_ D'cd \_\_\_\_\_ Liters \_\_\_\_\_ Via \_\_\_\_\_  
☐ Cautery ☐ Bicap Cut \_\_\_\_\_ Coag \_\_\_\_\_ ☐ Pure ☐ Blend Pad # \_\_\_\_\_ Pad Site \_\_\_\_\_  
☐ Dilators Type \_\_\_\_\_ Size \_\_\_\_\_ ☐ Sclerotherapy Procedure end time \_\_\_\_\_

## Specimens

## Patient Status Post Procedure

LOC ☐ Awake ☐ Drowsy, arousable to verbal stimuli ☐ Drowsy, arousable to tactile stimuli

☐ Unresponsive/antagonistic given

☐ Combative ☐ Retching

Skin ☐ Pink ☐ Pale ☐ Dusky ☐ Cyanotic ☐ Warm

☐ Cool ☐ Dry ☐ Diaphoretic

Respirations ☐ Regular ☐ Shallow ☐ Labored

Transferred to Recovery Room Time \_\_\_\_\_

Total # of  
Specimens to Lab 1

Assistant [Signature]

Circulator [Signature]

ENDOSCOPIC FORMS

## Post Procedure Flow Sheet

2 = fully awake  
1 = drowsy, oriented  
0 = very sleepy  
pre-procedure color  
1 = pale  
0 = very pale, dusky

2 = deep, easy spontaneous  
1 = respirations adequate;  
deep when encouraged  
0 = respirations shallow  
dyspneic

2 = no signs of bleeding  
1 = slight bleeding,  
small amount  
0 = large amount of  
bleeding

2 = no nausea  
1 = some nausea  
0 = nausea and vomiting

2 = no pain  
1 = minimal pain  
0 = excessive pain

2 = ambulates steadily  
1 = ambulates with assistance  
0 = bedrest

2 = tolerates p.o. fluids well  
1 = has not taken p.o. fluids  
0 = unable to take fluids

2 = soft, nondistended  
1 = soft, distended  
0 = firm, distended

Esophagus 2 = swallowing without  
difficulty  
1 = Swallowing with  
difficulty  
0 = unable to swallow

116 00 XR 221342  
A14 2/09/98  
FANTEZZI, RONALD H  
40 POLAND RD  
ARBURN ME 04210  
213103-01 H219

7823873

Vital Sigds				Nursing Assessment												
Time	BP	P	R	Loc	Color	Resp	Bld	N/V	Pain	Act	E/A	Diet	O <sub>2</sub> Sat	O <sub>2</sub> LPM	IV Rate	Int.
9:55	120/80	82	16	1	2	2	2	2	2	0	2	1	97	-	100	SL
1010	110/70	76	16	2	2	2	2	2	0	0	2	1	97	-	100	SL
1025	110/80	82	20	2	2	2	2	2	0	0	2	1	97	-	100	SL
1055	110/70	84	20	2	2	2	2	2	0	0	2	1	97	-	100	SL
1140	110/80	80	20	2	2	2	2	2	0	0	2	1	97	-	100	SL
1210	110/80	82	20	2	2	2	2	2	0	0	2	1	96	-	100	SL

IV del'd at \_\_\_\_\_ Volume infused \_\_\_\_\_ ml ☐ No redness or swelling at IV site

Patient Problems	Intervention	Evaluation
Pain in Rt Shoulder	Sam by Dr. Monzel	Med - Demoral 50mg IV
Clavicular PT Shoulder	Dr. Monzel made aware	med - additional 100mg Sug 6

Comments Demoral 50mg IV. Making more med @ 1030 - little relief Rt shoulder. Back pain Rt side ongoing. Demoral 50mg IV @ 1140 in 25mg increments. \* - 100mg Sug 6. \* - 100mg Sug 6.

Discharge Summary (circle one). 2 = meets all criteria satisfactorily.

1 = fails to meet all criteria: discharge by doctor with special instruction.

0 = continued skilled observation required: patient admitted to hospital. Room Number \_\_\_\_\_

Report given to \_\_\_\_\_

Discharge

Discharge to

Time

home

other

relatives home

Via ambulatory

wc

other

accompanied by

spouse

relatives

friend

other

☐ Instructions to patient/family

☐ Patient/family verbalized understanding of instructions

☐ Discharged with belongings

☐ Doctor spoke to patient before discharge

Patient teaching aids given to patient

☐ Pamphlet, Informational Sheets

☐ Dressing change equipment

☐ Prescription

☐ Other

Init

Signature

Init

Signature

SM-OUTPATIENT-CORR-001

## Physician's Orders

CD HR 221342  
 ADM 2/09/98  
 FANTOZZI, RONALD H  
 40 POLAND RD  
 AUGURN, NE 68003-01  
 803 767 16

Name: \_\_\_\_\_

Date Started	Date Discontinued	OPD - Pre Endoscopy Orders Dr. O'Connor, Dr. Monzel, Dr. Sivulich, Dr. Lewandowski	Signature 7821871
		1. For patients having a colonoscopy Yes / No a) start colyte 8oz q 5-10 min until returns are clear Yes / No b) give tap H2O enemas until returns are clear	
		2. Start an IV - <i>AS</i> - KVO rate.	
		3. Reglan 10mg IV for nausea/vomiting (circle YES or NO).	
		4. (Circle YES or NO) Titrate Premeds YES <u>NO</u> a) Stadol 0.5 mg - 1.0mg IV YES <u>NO</u> b) Demerol 25 mg - 50mg IV YES <u>NO</u> c) Fentanyl 25mcg - 50mcg IV may repeat dose x1 YES <u>NO</u> d) Droperidol 0.625 mg - 1.25 mg - 2.5mg IV	
		5. O2 at 2 liters prn to maintain O2 saturation over 90%.	
		6. Versed 0.5 mg - 1.0 mg IVP q 2 mins up to 10 mg intraprocedure for sedation	
		<b>Post Endoscopy Orders</b>	
		1. Blood pressure, pulse and respiration. q 15 min x 2 - If stable q 1/2 hr x 2 - If stable q 1 hr x 2 - If stable	
		2. Narcan 0.2mg - 0.4mg IV per nursing assessment if Fentanyl/ Stadol/Demerol was given for a premeditation.	
		3. NPO until gag reflex returns.	
		4. May be discharged in 1 - 1 1/2 hours post procedure if stable or as ordered by the physician.	
		5. Trilafon 5mg IM if needed for nausea and/or vomiting.	

Med. Dept. Approved: 3/9/93

500685.011.0326



St. Mary's Regional Medical Center

Outpatient Department  
Discharge Instructions

You have undergone a procedure called:

☒ Liver Biopsy  
☐ Gastroscopy  
☐ ERCP

 376  
 ADH 2/09/98  
 FANTOZZI, RONALD N  
 40 POLAND RD  
 AUBURN NE 68210 8037646  
 218103-01  
☒ Colonoscopy  
☐ Bronchoscopy  
☐ Minor Surgery 1223021

1. You must have someone drive you home if you have received sedation. You cannot drive and you should have someone stay with you the remainder of the day. Do Not: Drive a car, operate machinery, make any important decisions, or drink alcohol.
2. Limit your activities for today. Go home and rest. The effects of the medications should wear off by the next day and you will be able to resume your normal activities.
3. Diet: Eat a light diet (soups, jello, ect.) / soft diet and advance gradually today to your normal diet unless otherwise instructed by your doctor. Drink plenty of fluids.
4. You may resume your normal prescription medicines, unless otherwise instructed by your doctor.
5. There may be some soreness where the instruments have been, this will wear off in a day or two.
6. Some bloating may be experienced if air has been retained in your gastrointestinal tract (stomach and/or bowel) this will pass as you expel the air.
7. Call Dr. Monzel at 7845784 if you have any questions or any of the following problems:  
 Excessive pain, nausea/vomiting  
 Signs of any excessive bleeding  
 Redness, tenderness, and swelling at the IV site that persists for more than 48 hours  
 Temperature greater than 101 not related to a cold or flu
8. Your doctor will notify you about the results of any biopsies. If you have not been notified within a week with the results, contact your doctor.
9. If a biopsy or a polypectomy has been done, blood thinners, ASA or any products containing ASA should be avoided for one week.

Patient/Accompanying Adult: x Road King

Instructions Reviewed By: \_\_\_\_\_

Office Appointment with Dr. \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

 Observe for swelling or bleeding -  
 apply pressure if bleeding occurs  
 Call Dr. Monzel if distress occurs or won't  
 take prescribed medicine as prescribed  
 Reviewed and given to patient by: [Signature]

**St. Mary's Regional Medical Center**  
**Patient Progress Notes**

**ID Code For Clinical Services:**

NS-Nursing Service  
 DS-Dietary Service  
 PC-Pastoral Care  
 SW-Social Work

R-Radiology  
 RC-Respiratory Care  
 ED-Pt. Educator  
 PH-Pharmacy

CS - Cardiology Services  
 RT-Recreation Therapy  
 OT-Occupational Therapy  
 PT-Physical Therapy  
 ST-Speech Therapy

ADN 2/09/98  
 FANTOZZI, RONALD H  
 40 POLAND RD  
 AUBURN ME 04210  
 218103-01 8213  
 62 7823873

ID Key	Date	Time	Notes	Signature and Title
15	2/9/98	1325	1320: VSS 128-88-20 Continued to complain of severe Rt shoulder / neck pain. Dr. Mayde office called. Order obtained for Demerol / Advil IV by J. Montano, RN. Demerol 50mg IV given @ 1325.	J. Montano, RN
		1328	Ativan 0.5mg IV given as ordered.	J. Montano, RN
		1410	Ativan 0.5mg given as ordered. Patient complaining of drowsiness.	J. Montano, RN
		1510	Ativan 0.5mg given as ordered. Patient complaining of drowsiness.	J. Montano, RN
		1515	Ativan 0.5mg given as ordered. Patient complaining of drowsiness.	J. Montano, RN
		1530	Ativan 0.5mg given as ordered. Patient complaining of drowsiness.	J. Montano, RN
		1535	Ativan 0.5mg given as ordered. Patient complaining of drowsiness.	J. Montano, RN

140070

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**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

7259582

MS-304 22-13-42

**DISCHARGE SUMMARY**  
(Identification Sheet)  
Page 1

FANTOZZI, RONALD M  
DOB: 04/16/62  
PAUL MAILHOT, M.D.

Admitted: 09/16/97

Dictator: PAUL MAILHOT, M.D.

**DISCHARGE DATE:** 09/22/97

**DEATH DATE:**

**PROVISIONAL DX** Left ureteral calculus

**ALLERGIES, INC. DRUG REACTIONS**

**INFECTIONS & COMPLICATIONS**

**CONSULTATIONS**  
MICHAEL BOULANGER, M.D.

**PRINCIPAL PROCEDURE (date)**

**SECONDARY PROCEDURE (date)**

**PRINCIPAL DX**

1. Left ureteral calculus

**SECONDARY DX**

2. Crohn's disease
3. History of hepatitis C